



Division of Public Health

EMSC – BP2018 4th Quarter Advisory Board Meeting

February 12, 2019



Division of Public Health into Health into



Welcome & Introductions



Division of Public Health vironment (Public Health Public Health Public



EMSC Program Update



Division of Public Health EMSC – BP2018 4th Quarter

Performance Measures specific to PRE-HOSPITAL Pediatric Care



Submission of NEMSIS Compliant Version 3.x data



Pediatric
Emergency
Care Coordinator
(PECC)



Use of Pediatric-Specific Equipment



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Performance Measures specific to HOSPITAL Pediatric Care









Hospital Recognition for Pediatric Medical Emergencies

Hospital Recognition for Pediatric Trauma

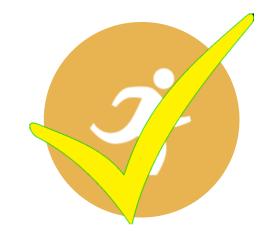
Interfacility Transfer Guidelines

Interfacility Transfer Agreements



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Performance Measures specific to PROGRAM PERMANENCE



- 1. EMSC Advisory Board
- 2. Pediatric Representation on EMS Board
- 3. Full-time EMSC manager



EMSC Priorities into Statutes or Regulations



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Recent Publication:

Ready for Children:
 Assessing Pediatric Care
 Coordination and
 Psychomotor Skills
 Evaluation in the
 Prehospital Setting





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Recent Poster:

- Qualitative Assessment of Pediatric Emergency Care Coordinators and Skills Competency Verification in **EMS** Agencies
- Dr. Shah presented at **NAEMSP**



Qualitative Assessment of Pediatric Emergency Care Coordinators and Skills Competency Verification in EMS Agencies

Manish I. Shah, MD, MS1; Rachael Alter, BA1; Carolina Roberts-Santana, MD, MHA2; Angela M. Poorman, CHES, EMT3; Margo A. Knefelkamp, MBA4; Hilary A. Hewes, MD5; Sarah O'Donnell, MPH6; Samuel P. Vance, MHA, LP1 EMS for Children (EMSC) Innovation and Improvement Center¹: EMSC State Partnership: Rhode Island². Pennsylvania³. Indiana⁴: National EMSC Data Analysis Resource Center⁵; Health Resources and Services Administration's EMSC Program⁵



INTRODUCTION

- · Equipping EMS providers to care for children is challenging
- Pediatric Emergency Care Coordinators (PECC) can enhance education, processes, protocols, and supply availability for children
- · The EMSC program promotes the presence of PECCs and a process for demonstration of skills competency using pediatric-specific equipment in EMS agencies
- PECCs are present in 23% of EMS agencies Nearly half (47%) of EMS agencies evaluate pediatric

PURPOSE

The purpose of this study was to identify practices from agencies in several states that have a PECC and/or a method of verifying skills competency with pediatric-specific

METHODS

Study Design: Qualitative health services study Inclusion Criteria: EMS agencies in states where the EMSC State Partnership was:

. Willing to identify eligible EMS agencies and 2. Had at least 1 EMS agency with a PECC or a physical method for verifying EMS providers' skills ompetency in utilizing pediatric specific equipment based on responses to a 2017-18 EMSC performance measure (PM) assessment

Study Setting: EMS agencies in Indiana, North Carolina, Pennsylvania, Rhode Island, South Dakota, and Texas

- · Purposive sampling representing EMS agencies with varied geography, response levels, and administrative structures
- · Audio-recorded, in-person or phone-based, semi structured interviews of EMS agency personnel who completed the EMSC PM assessmen
- Themes explored and coded until thematic saturation
- · Interviews transcribed with an online transcription service
- · Two investigators used a thematic approach to independently analyze each interview
- · Constant comparison technique used to create a final conceptual framework based on codes for themes

RESULTS

EMS Agency Demographics (n=17)





Presence of a Pediatric Emergency Care Coordinator

| Themes | Codes | Sample Quotes |
|-------------------------------|---|--|
| Roles and Responsibilities | Education promotion Quality assurance Equipment, supply, and medication oversight Community collaboration Protocol review | "We dedicate a lot of time on training and education to work on maintaining and developing our skills for those high risk, low frequency type calls." ".every time months we review pediatric protocols with our medical director and have meetings with our hospitals to review pediatric calls monthly." |
| Staffing Model | Shared vs. individual Physician vs. paramedic | "We all have different roles and different pleces of the pie, as fall as looking at different aspects of the pediatric population, both through education, quality assurance and research." "I'm tied with other dutiesbut we wear a lot of different hats, so we have a lot of different functions." |
| Impact | Enhanced education Increased confidence Focus on quality Availability of subject matter experts | "It has extremely decreased the level of stress and tension of our paramedics." "For someone to come in and tell stories and expand on them with subject knowledge makes the learning environment much better." |

Skills Competency Verification with Pediatric-Specific Equipment

| Themes | Codes | Sample Quotes |
|---------------------|---|---|
| Training Process | Continuing education requirements Based on protocols vs. case review Varied frequency Hands-on vs. didactic | - "In the course curriculum, we build in the state EAAS required hours." "Our competencies are based on protocols and equipment usedscenarios are developed by the medical director." - "The community college has a really good programthey've got those manikins that can do everything but drive a car." |
| Equipment Items | All equipment tested Testing based on case review | "We had a pediatric call where the patient passed away. During case review, we found there was a lot of unfamiliarity with the equipment." |
| Personnel Needed | Paramedics vs. medical directors | "When we do it in-house, it is the EMS director and medical director presiding, as well as the administrators." |

CONCLUSIONS

- · EMS agency administrators identified promising practices that their systems have implemented to have a PECC or skills competency verification process
- . They identified the primary benefit of both as enhancing provider confidence with pediatric patients
- Future research should focus on: Measuring patient-centered outcomes in having a PECC and skills verification process · Identifying practical ways to overcome the barriers

LIMITATIONS

- Results based on perspective of EMS administrators which may not be concordant with field providers · Limited generalizability to all EMS agencies, despite representation of diverse structures, settings, and staffing models among those interviewed
- Contracting responses demonstrate variability in practice, but unable to determine best practices that may be applicable to most EMS agencies · Did not interview EMS agencies that do not have a PECC or skills verification process; thus barriers to

implementation were difficult to assess CONTRIBUTORS

We thank the EMSC State Partnership Program Managers from North Carolina (McKenzie Beamer), South Dakota (Corolla Lauck), and Texas (Joseph Santos) for facilitating access to EMS agencies in their states to participate in this study.

FUNDING

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Upcoming Events:

Guardians of the Heart

- February 19th in Quapaw, OK
- Over 700 providers from Kansas,
 Oklahoma, Missouri and Arkansas
- Tracy will present to all attendees on Pediatric Safe Transport





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Upcoming Events:

KDHE Safe Sleep Training

- February 22nd
- Curtis State Office Building
- 2 sessions
- Ashley Wallace and Tracy Cleary



FRIDAY, FEB 22

MAKING KDHE A 'SAFE SLEEP' ENVIRONMENT

Wrestling with Safe Sleep

Here at the Kansas Department of Health and Environment (KDHE) we are fortunate to have the Infant at Work Program. Not only are the new parents allowed to bring their bundles of joy to work, other KDHE employees can be an alternate care provider during the work hours. This class will prepare any and everyone that cares for an infant the information and resources to develop a safe sleep environment for naps and bedtime!

Registration is on KS-TRAIN (1082286). You only need to sign up for one of the sessions:

Morning Session – 9:00am to 11:00am Afternoon Session – 1:00pm to 3:00pm





Keeping KDHE infants safe at home and work!

Valuable information anyone caring for an infant needs

YOU can make a difference

As simple as A-B-C

🔼 – Alone

📴 – Back, and

C – Clutter-Free Crib

SPONSORED BY: BUREAU OF COMMUNITY HEALTH SYSTEMS

Ouestions:

tracy.cleary@ks.gov

ashley.wallace@ks.gov



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Upcoming Events:

Pediatric Safe Transport

- Hosted by EMS Region 4
- March 21st or 22nd
- 4 sessions
- Abilene and Smith Center
- Register through KTRSO

Improving Occupant Protection for Children in Ambulances

This course was designed to teach EMS personnel about ambulance-specific pediatric restraints, principles, policies and protocol development to implement pediatric safe transport practices

CEU's will be offered by Concordia Fire/EMS

There is not cost for attending the course

Registration closes on March 15th at 5:00pm

Thursday, March 21st Abilene
OR
Friday, March 22nd in Smith Center

Morning Session: 9:00am to 12:00pm Afternoon Session: 1:00pm to 4:00pm (Only signup for 1 session)

REGISTRATION







Upcoming Events:

Pediatric Trauma Symposium

- March 27th
- Ransom Memorial
- FREE
- Ks-Train #1082993





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Upcoming Events:

Disaster Medical Preparedness for Children

- Sessions across the state
- Hosted by Preparedness
- Registration links are on flyer

Disaster Medical Preparedness for Children

Pre-registration required - No fee to attend!

Seven Opportunities to Participate!

All programs will be held 9 a.m. - 3 p.m. Sign-in from 8:30 - 9 a.m.

There will be a one-hour lunch break Lunch is on your own.

February 6, 2019

Hiawatha Community Hospital 300 Utah St., Hiawatha, Kan.

February 7, 2019 University of Kansas Health System St. Francis Campus

February 14, 2019 o Memorial Regional Medical Cente

629 S. Plummer Ave., Chanute, Kan.

April 3, 2019

South Central Kansas Medical Center, OSB Conference Room 6403 Patterson Parkway, Arkansas City, Kan

April 16, 2019 Hadley Center, 1st Floor Conference Room 205 E. 7th St., Hays, Kan.

April 17, 2019 Samy's Spirits & Steakhouse 1911 E. Kansas Ave., Garden City, Ka

May 2, 2019
Salina Regional Health Center

Disasters occur frequently throughout our state. Children make up one quarter of our population and data has shown that children may make up a disproportionate number of victims during disasters. Their medical, emotional and living needs are unique and require special considerations in disaster management. The National Pediatric Readiness Project, a multi-phased quality improvement initiative conducted in 2015, revealed pre-hospital and hospital professionals in non-pediatric facilities may not be trained in dealing with an influx of pediatric patients during these events and most disaster plans make little or no considerations for children. Preparation and planning are vital to insure the safety and survival of our most vulnerable population.

The training format of small group learning will provide organizational and/or regional teams an opportunity to review and discuss current pediatric trauma management guidelines and identify opportunities for improvement in their systems. In order to gain the greatest benefit, we highly recommend attendance by organization/community teams.

Target Audience

Physicians, advanced practice providers, nurses, pre-hospital emergency personnel, hospital administrators, emergency/ disaster planners and other individuals involved in the management of disasters involving pediatric patients.

Featured Presenter Dennis Cooley, M.D.



Dr. Dennis Cooley is a general pediatrician on staff at Stormont Vail Hospital and is a volunteer clinical instructor with the University of Kansas School of Medicine. He has been the AAP disaster preparedness contact for Kansas since 2007. He has given many presentations to medical groups concerning pediatric disaster management and preparedness and has traveled

throughout the country giving Pediatric Disaster Life Support programs. He was part of the panel that developed the original Crisis Standards of Care protocols for Kansas.

For More Information: Contact the AHEC Statewide Office at 620-235-4040.







Upcoming Events:

EMSC Day – May 22nd

- Thoughts or Ideas
 - Proclamation?
 - Statewide event?





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Committee Updates



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EMS COMMITTEE

NHTSA Recommendations on when a car seat CAN be used following a minor crash

- Each agency will be receiving a card for each licensed ambulance
- Mailing out today/tomorrow

CAR SEAT USE AFTER A CRASH

Always follow your agency protocols, procedures and policies

The National Highway Traffic Safety Administration (NHTSA) recommends that car seats be replaced

following a $\mbox{\bf MODERATE}$ or $\mbox{\bf SEVERE}$ crash

NEVER use a car seat that has been involved in a moderate or severe crash

A car seat *can be used* if it was a **MINOR** crash in which **ALL** of the following apply:

- The vehicle was able to be driven away,
- The vehicle door nearest the car seat was not damaged,
- None of the passengers in the vehicle sustained any injuries in the crash,
- The air bags did not deploy during the crash, and
- · There is no visible damage to the car seat

SOURCE: https://www.nhtsa.gov/car-seats-and-booster-seats/car-seat-use-after-cras

This resource is supported by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Emergency Medical Services for Children (EMSC) Program through the following grant: H33MC06726 (Kansas Emergency Medical Services for Children)



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HOSPITAL COMMITTEE

Age 0-23 Months





Occipital or parietal or temporal scalp hematoma

History of LOC >= 5 seconds

- Severe mechanism of injury (any of the following) - Motor vehicle crash (MVC) with patient ejection
- MVC with death of another passeng - MVC with rollover
- Pedestrian or bicyclist without helmet struck by
- Falls of more than 0.9 m (3 feet) - Head struck by a high-impact object

lot acting normally per parent



< 0.02% risk of clinically important TBI

CT generally not recommended patients is exceedingly low, generally lower than the risk of CT-induced malignancies.

Based on Figure 3 of Kuppermann, et al, Identification of children at very low risk of clinically important brain injuries after head trauma: a prospective cohort study, Lancet, 2009 Oct 3;374(9696):1160-70.



4.4% risk

of clinically

important TB



0.9% risk of clinically important TBI

Observation versus CT on the basis of other linical factors including:

Multiple versus isolated findings (Patients with certain isolated findings such as isolated LOC, isolated headache, isolated vomiting, and certain types of isolated scalp hematomas in infants older than 3 months have a substantially lower than 1% risk of clinically important TBI) after emergency department observation

FLIP FOR

Age <= 3 months higher risk Parental preference



Suggested CT Algorithm for Mild Traumatic Head Injury (GCS 14 or 15)

Age 2-17 Years







Severe mechanism of injury (any of the following): - Motor vehicle crash (MVC) with patient ejection

- MVC with death of another passenger
- MVC with rollover Pedestrian or bicyclist without helmet struck by
- a motorized vehicle - Falls of more than 1.5 m (5 feet) - Head struck by a high-impact object



< 0.05% risk of clinically important TBI

CT generally not recommended The risk of clinically important TBI for these patients is exceedingly low, generally lower than the risk of CT-induced malignancies.



Based on Figure 3 of Kuppermann, et al. Identification of children at very low risk of clinically important brain injuries Christophia to Very row make or unifocusy important strain agents after head trauma: a prospective cohort study, Lancet, 2009 Oct 3;374(9696):1160-70.



of clinically





olinical factors including:



0.9% risk

of clinically

 Physician experience - Multiple versus isolated findings (Patients with certain isolated findings such as isolated LOC, isolated headache isolated vomiting, and certain types of isolated scalp hematomas in infants older

than 3 months have a substantially lower than 1% risk of clinically important TBI) Worsening symptoms or signs during or after emergency department observation - Parental preference

> FLIP FOR AGE 0-23 MONTHS



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PREPAREDNESS COMMITTEE

Education Program





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FAMILY ADVISORY NETWORK





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EIIC Quality Improvement Collaboratives



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FACILITY RECOGNITION COLLABORATIVE (FRC)

- Things are coming together
- Very time consuming and we need to get it right the first time!

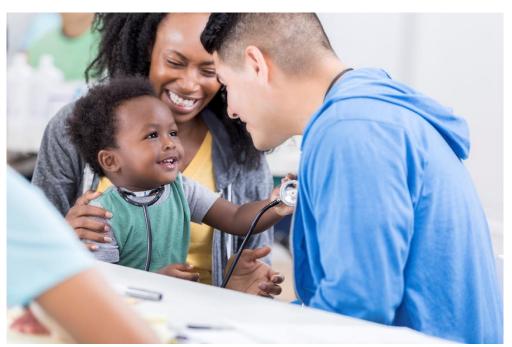




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PEDIATRIC READINESS QUALITY COLLABORATIVE (PRQC)

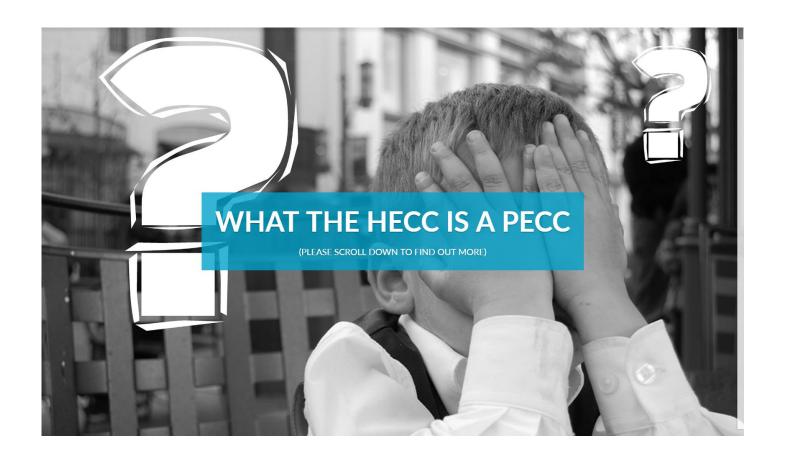
- Affiliate Sites
 - Atchison
 - Hays Medical
 - McPherson
 - Norton County
 - Ransom
 - Russell County
 - Shawnee Mission
 - Smith County
 - Trego County Lemke
 - Via Christi Pittsburg





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HECC Region





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NASEMSO





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New Business & Partner Updates





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BP2019 Meeting Schedule





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Questions?

